

First Aid Treatment Record

Complete for **all** first aid administered during Girl Scout meetings or activity events during the year. Provide detailed, specific information to describe injury and treatment. X-out any unused lines. Troop/group volunteers must maintain this form with troop records. Program consultant or event coordinator must attach this form to Event Report.

Note: For any injuries requiring professional medical care, also complete the [Incident/Accident Report](#) and follow Council reporting procedures.

Troop/Group # _____ Service Unit # _____ Leader/Adviser/Event Chair Name _____

| Date (mm/dd/yyyy) | Name of Injured | Injury (be specific) | Treatment (be specific) | Name of First-Aider |
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Signature of First-Aider _____ Date _____